PTO/SB/06 (08-03)

Approved for use through 7/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 **CLAIMS AS FILED - PART I** OTHER THAN OR SMALL ENTITY SMALL ENTITY (Column 1) (Column 2) NUMBER FILED NUMBER EXTRA FOR RATE FEE RATE FEE **BASIC FEE** (37 CFR 1.16(a)) OR **TOTAL CLAIMS** (37 CFR 1.16(c)) minus 20 = OR X S INDEPENDENT CLAIMS (37 CFR 1.16(b)) minus 3 = X S = OR X S = MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR = \* If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL OR TOTAL CLAIMS AS AMENDED - PART II OTHER THAN OR (Column 1) (Column 2) (Column 3) **SMALL ENTITY SMALL ENTITY** CLAIMS HIGHEST **PRESENT** REMAINING RATE NUMBER ADDI-RATE ADDI-TIONAL ENDMENT TIONAL **AFTER PREVIOUSLY EXTRA** AMENDMENT PAID FOR FEE FEE Total Minus (37 CFR 1.16(c)) x s ΩR independent (37 CFR 1.16(b)) Minus X S = OR X \$ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR + s TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST PRESENT REMAINING NUMBER RATE ADDI-RATE ADDI-ENT **EXTRA** AFTER AMENDMENT **PREVIOUSLY** TIONAL TIONAL PAID FOR FEE FEE Total (37 CFR 1.16(c)) Minus AMENDM X \$ OR Independent (37 CFR 1.16(b)) Minus = X \$ OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST PRESENT REMAINING NIMBER RATE ADDI-RATE ADDI-ENDMENT **EXTRA PREVIOUSLY AFTER** TIONAL TIONAL AMENDMENT PAID FOR FEE Total Minus =

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

Minus

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))

(37 CFR 1.16(c))

Independent (37 CFR 1.16(b))

"" If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

X S

X S

TOTAL

ADD'L FEE

OR

OR

OR

OR

X S

X \$

+ 4

TOTAL

ADD'L FEE

=

**Application or Docket Number** 

PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2000											79
CLAIMS AS FILED - PART ! (Column 1) (Column 2)					mn 2)	SMA		MIIIY	OR	OTHER	
TOTAL CLAIMS		96				R/	TE	FEE		RATE	FEE
FOR		NUMBER FILED		NUMBER EXTRA		BAS	C FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS		26 minus 20=		. 6		XS	X\$ 9=		OR	X\$18=	106
INDEPENDENT CLAIMS		minus 3 =				X4	X40=		OR	X80=	80
MULTIPLE DEPENDEN	RÉSENT				+1	+135=		OR	+270=	00	
If the difference in column 1 is less than zero, enter "0" in column 2					TO	TAL		OR	TOTAL	308	
1H7 -03 (Column 1) (Column 2) (Column 3)							ALL	EMILLA	OR	OTHER SMALL	
	CLAIMS EMAINING AFTER MENDMENT		HIGH NUM PREVI PAID	BER DUSLY	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total •	26	Minus	2	26	• /	X\$	9=		OR	X\$18=	
Independent •	4	Minus	***	4	•_/_	X4	0=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+10	 15		OR	+270=	
						Ь,	OYAL		00	YOTAL ADDIT, FEE	
48-04 10	Column 1)		(Colu	mn 2)	(Column 3)	ADDIT	. PEE			ADDII. FEE	•
R	CLAIMS IEMAINING AFTER VIENDMENT		HIGH NUM PREVI PAID	BER OUSLY	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total •	24	Minus	. 2	4	• /	XS	9=		OR	X\$18=	
Independent •	4	Minus	*** ,	4	• _	X4	0=		OR	X80=	
FIRST PRESENTA	TION OF M		ENDEN	CCAIM		+1:	15=		OR	+270=	
n ad al		•				ADOIT	OTAL . FEE		OR	TOTAL ADDIT, FEE	
9-27-04 10	CLAIMS			mn 2)	(Column 3)						
D R	EMAINING AFTER MENDMENT		NUM PREVI	BER OUSLY FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total • Independent •	24,	Minus	6	26	• /	XS	9=		OR	X\$18=	
Independent •	4	Minus	***	4		X4	0=		OR	X80=	
FIRST, PRESENTATION OF MULTIPLE DEPENDENT CLAIM							35=		OR	+270=	
* If the entry in column 1 ** If the "Highest Number ***If the "Highest Number	r Previously P r Previously P	ald For IN THE	S SPACE IS SPACE	is less the is less tha	n 20, enter "20 in 3, enter "3."	ADDI		<u> </u>	OR	ADDIT. FEE	